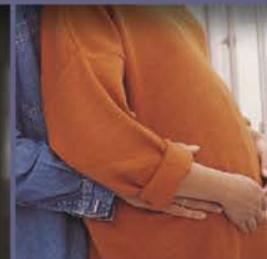
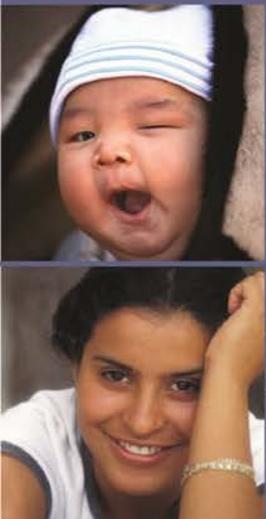




fasd

CENTER FOR EXCELLENCE



Healthy Baby, Healthy Life: Provider Perspectives and Roles in Addressing Fetal Alcohol Spectrum Disorders (FASD)

A Panel Webinar for International
FASD Awareness Day



2:00 p.m. to 3:30 p.m. (Eastern)
Wednesday, September 9, 2015



**Today's PowerPoint presentation and audio
will be available for free download on our
website soon:**

<http://www.fasdcenter.samhsa.gov>



Opening Remarks

Jon Dunbar-Cooper, M.A., C.P.P.

Contracting Officer Representative for the
FASD Center for Excellence

Public Health Analyst, Center for Substance Abuse
Prevention (CSAP), Substance Abuse and Mental
Health Services Administration (SAMHSA)



Introductions

Raquel I. Witkin, M.S.

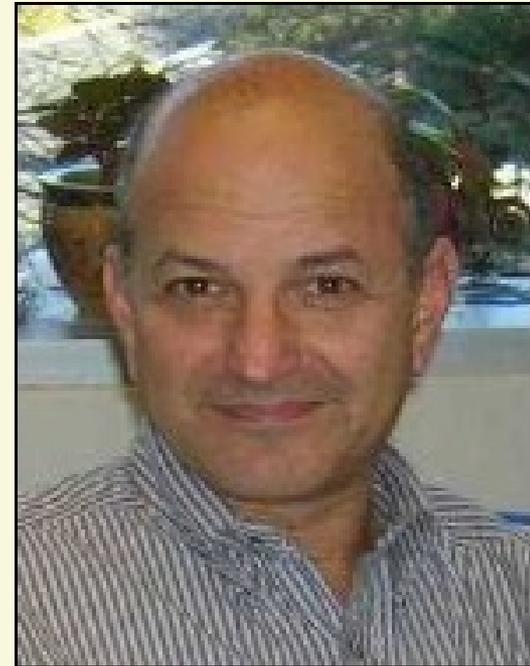
Project Manager

SAMHSA FASD Center for Excellence



Facilitator

- **Dan Dubovsky, M.S.W.**
 - ✓ FASD Specialist for the FASD Center for Excellence
 - ✓ More than 30 years' experience in FASD and behavioral health treatment and training



Today's Expert Panelists

- **David J. Garry, DO, FACOG, New York City**
- **Leah Davies, LMSW, Austin, Texas**
- **Renee Turchi, MD, MPH, FAAP, Philadelphia, Pennsylvania**
- **Lisa Ramirez, MA, LCDC, Austin, Texas**

Agenda for Today's Discussion

- **Part I: Healthy Baby**
 - ✓ Prenatal Care
 - ✓ Evidence-Based Practices for Preventing an Alcohol-Exposed Pregnancy
- **Part II: Healthy Life**
 - ✓ Pediatric Care
 - ✓ Substance Abuse Treatment Issues
- **Part III: Q&A / Final Comments**

Part I:
Healthy Baby
Prenatal Care



Panelist: Prenatal Care

- **David J. Garry, DO, FACOG**
 - ✓ Faculty and Professor of Obstetrics & Gynecology and Women's Health, Montefiore Medical Center / Einstein College of Medicine, Bronx, NY
 - ✓ Current practice in Maternal Fetal Medicine / Obstetrics at Montefiore Medical Center, Bronx



Healthy Baby: Prenatal Care

Question:

What is important in prenatal care in order to have a healthy baby?

Healthy Baby: Prenatal Care

- **Establishing pregnancy due date**
- **Determine “Risk Factors”**
 - *Pregnancy history*
 - ✓ Preeclampsia
 - ✓ Preterm birth
 - ✓ Miscarriage / Stillbirth
 - *Physical exam and lab tests*
 - ✓ Blood type
 - ✓ STI screening
 - ✓ Pap screening

Healthy Baby: Prenatal Care

- **Genetic disorders**
 - ✓ *Inherited disorders*
 - ✓ *Prenatal screening*
- **Nutrition and breastfeeding**
 - ✓ *Weight and weight gain*
 - ✓ *Exercise*
 - ✓ *Newborn breastfeeding*

Healthy Baby: Prenatal Care

- **Psychosocial issues**
 - ✓ *Home environment*
 - ✓ *Domestic violence*
- **Substance use/abuse**
 - ✓ *Alcohol screening*
 - ✓ *Other substances (tobacco, drugs, etc.)*

Healthy Baby: Prenatal Care

Question:

What are the common difficulties observed for women who are trying to follow the guidelines of good prenatal care?

Healthy Baby: Prenatal Care

- **Location**
 - ✓ *Ability to find a provider*
 - ✓ *Several visits and/or long visits*
- **Cost of care and delivery**
 - ✓ *Insurance coverage: provider & place of birth*

Healthy Baby: Prenatal Care

- **Social issues**

- ✓ *Not viewed as a priority / important*
- ✓ *Prior negative experience or mistrust*

- **Personal**

- ✓ *Addictions*
- ✓ *Domestic violence*

Healthy Baby: Prenatal Care

Question:

What are the issues around screening women for alcohol use and referring them for further assessment (e.g., staff resistance, lack of consensus, positive screens, referral needs)?

Healthy Baby: Prenatal Care

- **Provider inconsistency**
 - ❑ *Alcohol not a problem in pregnancy*
 - ✓ Doesn't happen in my practice
 - ✓ Advice that 1 or 2 drinks are "OK"
 - ❑ *Understanding risky drinking*
 - ✓ Different levels of alcohol use
 - ❑ *No screening or insufficient screening*
 - ✓ Avoiding having to confront a positive answer
 - ✓ Using only a yes/no approach

Healthy Baby: Prenatal Care

- **Office staff understanding**
 - ☐ *Education about alcohol and pregnancy*
 - ✓ Understanding the problem
 - ✓ Patients often speak to staff – asking questions
 - ☐ *Not an inquisition*
 - ✓ Not child protective services
 - ✓ Simple change can prevent future problems

Healthy Baby: Prenatal Care

- **She screens “positive”**
 - Fear for many providers*
 - Understanding interventions*
 - ✓ Different levels of response
 - ✓ Options for intervention
 - *Brief intervention*
 - *Referral*
- **Resources**
 - SAMSHA, ACOG, NIAAA*



Part I: Healthy Baby

Evidence-Based Practices for Preventing an Alcohol-Exposed Pregnancy (AEP)



Panelist: Evidence-Based Practices for Preventing Alcohol-Exposed Pregnancy

- **Leah Davies, LMSW**
 - ✓ Associate Director, Texas Office for Prevention of Developmental Disabilities
 - ✓ Facilitator of the Texas FASD Collaborative



Healthy Baby: Evidence-Based Practices for Preventing an AEP

Question:

How do you engage women at risk of an alcohol-exposed pregnancy in order to prevent FASD?

Healthy Baby: Evidence-Based Practices for Preventing an AEP

Who is at risk of giving birth to a child with an FASD?

- Women with co-occurring disorders
- Families with a history of multi-generational alcohol use
- Women who have experienced stressors that increase the risk of alcohol use or abuse
- Women who have an FASD themselves
- Women who have given birth to a child with an FASD

All women of childbearing age who drink alcohol

Healthy Baby: Evidence-Based Practices for Preventing an AEP

A Shared Challenge: Individuals (and their families) with an FASD are represented in all social services populations:

Medical

Education

Child Protection

Mental Health

Prevention

Family Supports

Justice System

Advocacy

Community

Substance Use Disorder Treatment

Healthy Baby: Evidence-Based Practices for Preventing an AEP

To prevent problems before they start, we must change the factors that contribute to the problem:

- Remove or reduce risk factors
- Enhance protective factors

Healthy Baby: Evidence-Based Practices for Preventing an AEP

Question:

What are some options for interventions?

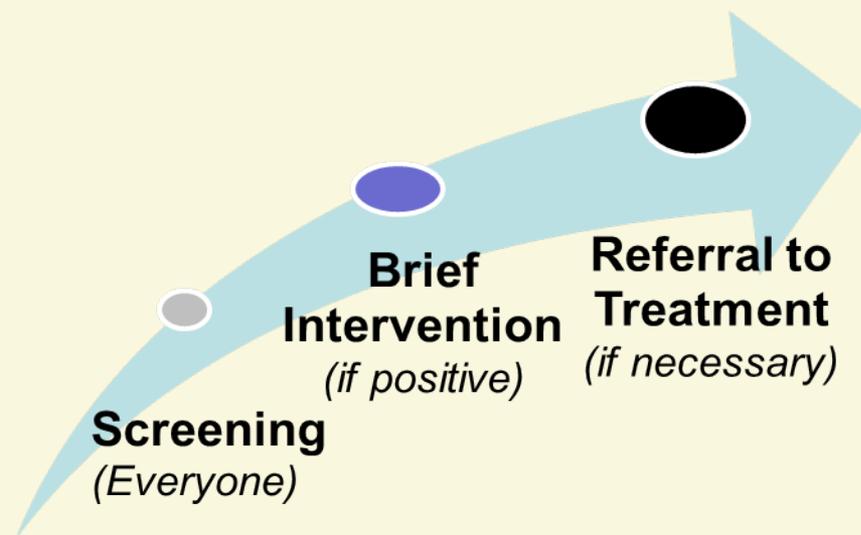
Healthy Baby: Evidence-Based Practices for Preventing an AEP

- All women deserve to have information about the dangers of drinking during pregnancy.
- Women are most likely to acknowledge alcohol use during pregnancy when asked in a non-judgmental way by someone that they trust.
- Women who need help to stop drinking deserve treatment, not judgment or blaming.

Healthy Baby: Evidence-Based Practices for Preventing an AEP

SBIRT – **Screening, Brief Intervention, and Referral to Treatment**

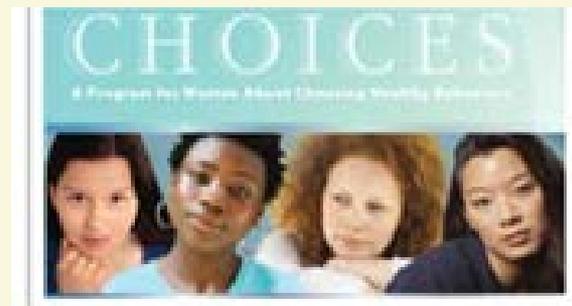
- *TWEAK*
- *AUDIT & AUDIT C*
- *CAGE*
- *4Ps*
- *T-ACE*
- *CRAFFT*



Healthy Baby: Evidence-Based Practices for Preventing an AEP

Project CHOICES:

- Designed to help women lower their risk of an alcohol-exposed pregnancy (AEP)
 - ✓ Reduce alcohol use
 - ✓ Increase use of effective contraception
- Based on motivational interviewing (MI)
- Included in SAMHSA NREPP



http://www.cdc.gov/ncbddd/fasd/documents/choices_onepager_-april2013.pdf

Healthy Baby: Evidence-Based Practices for Preventing an AEP

Parent Child Assistance Program (PCAP)

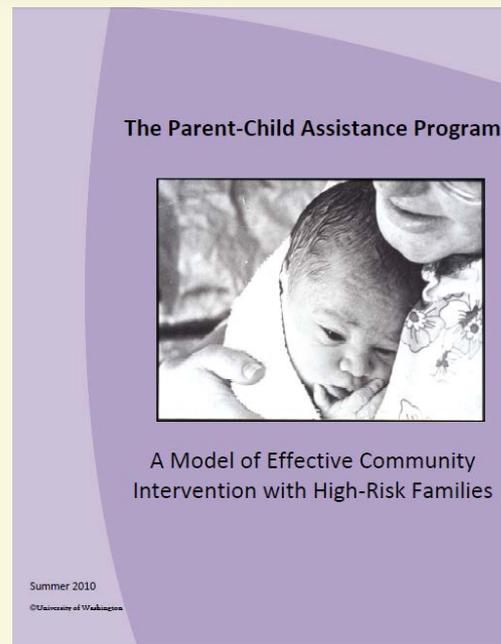
- Two-pronged approach:
 1. Case managers provide extensive role-modeling and practical assistance directly in the home.
 2. Client is connected to a comprehensive variety of services in the community, assuring that they actually receive the services they need.

Healthy Baby: Evidence-Based Practices for Preventing an AEP

✓ Free guide to PCAP

Download at:

http://depts.washington.edu/pcapuw/PCAP_E-Manual_10_1_10.pdf



Healthy Baby: Evidence-Based Practices for Preventing an AEP

Question:

What are the obstacles to implementing FASD prevention interventions (e.g., training, funding, inefficacy of standard approaches, meeting the special needs of women with an FASD)?

Healthy Baby: Evidence-Based Practices for Preventing an AEP

Potential obstacles include:

- Lack of awareness of FASD and of the need for AEP prevention efforts
- The view that some interventions are hard to understand or implement
- Not recognizing the special needs of each individual and tailoring treatment appropriately

Part II: Healthy Life Pediatric Care



Panelist: Pediatric Care

- **Renee Turchi, MD, MPH, FAAP**
 - ✓ Faculty and Associate Professor, Drexel University School of Public Health and Drexel University College of Medicine, Department of Pediatrics
 - ✓ Medical Director, Pennsylvania Medical Home Program
 - ✓ Medical Director, Center for Children and Youth with Special Health Care Needs, St. Christopher's Hospital for Children



Healthy Life: Pediatric Care

Question:

What is the multi-disciplinary team process for recognizing youth with a possible FASD?

Healthy Life: Pediatric Care

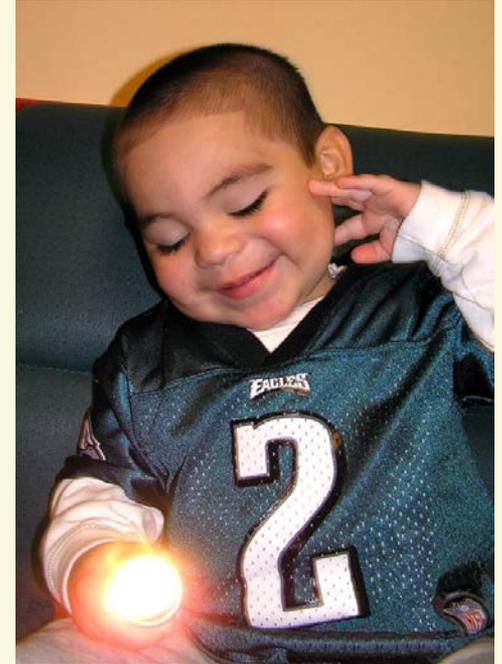
Making the “Triple Aim” Possible



Healthy Life: Pediatric Care

Definition of Medical Home

- Approach and process to providing health care services
- Emphasize practice as the “home” where the family and child:
 - ✓ Feel recognized and supported
 - ✓ Find centralized base for medical care
 - ✓ Find connection to medical/non-medical resources



Healthy Life: Pediatric Care

FASD Diagnostic and Treatment Team at St. Christopher's

- Nurse care coordinator
- School Psychologist
- Neuropsychologist
- Geneticist
- Pediatrician
- Speech Therapist, Occupational Therapist (PT)
- Social worker
- Parent advocate(s)

Healthy Life: Pediatric Care

FASD Diagnostic and Treatment Team at St. Christopher's

- Intake and chart review
- One diagnostic day
- Integrated report and discussion
- Feedback
- Follow up with family
- They need a medical home

Healthy Life: Pediatric Care

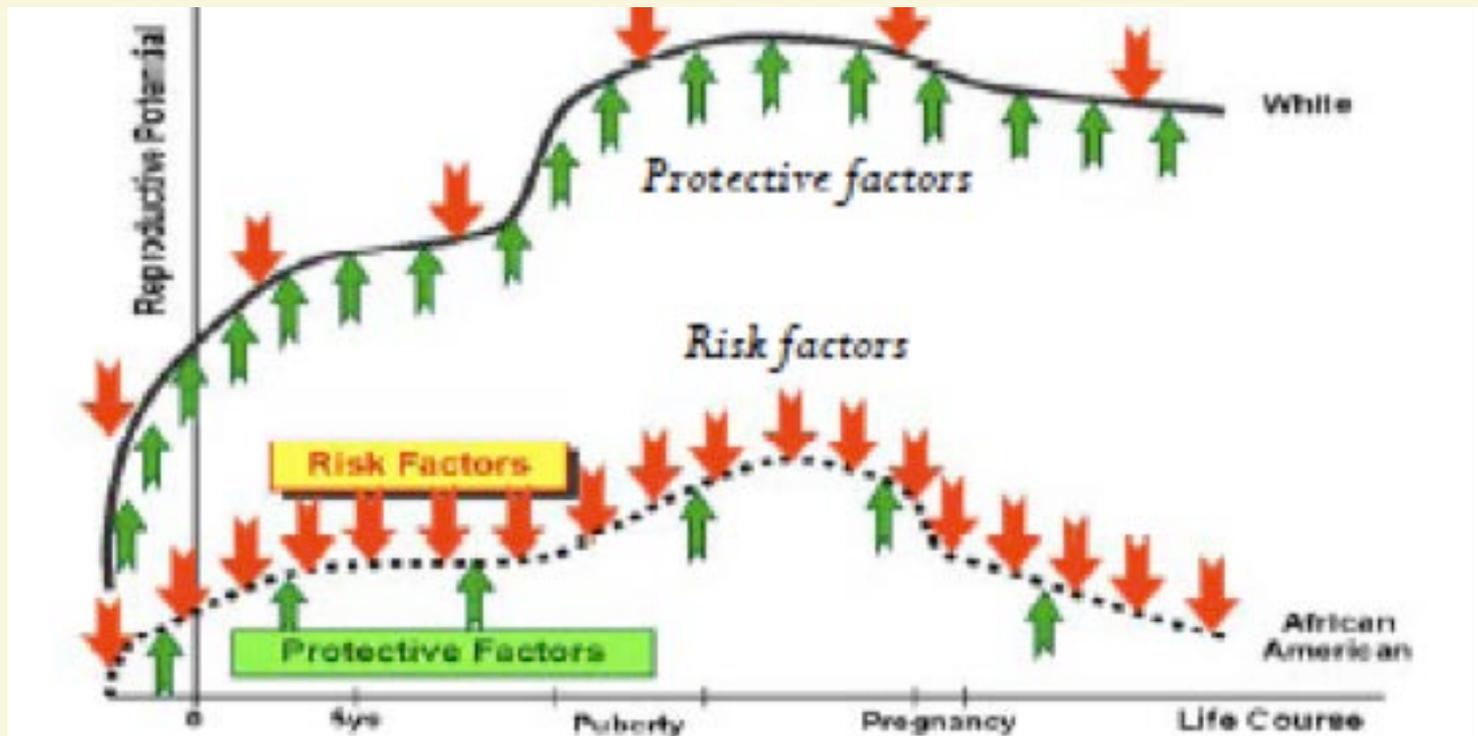
Question:

What are the obstacles to implementing such a process?

Healthy Baby: Pediatric Care

- Notion that team members need to be on-site for diagnosis/screening for screening & intervention
- Parent affected by an FASD
- Service providers not educated about FASD
- Biologic and foster parent acceptance and guilt
- Foster care/orphanage
 - *Access to medical records*
 - *Accuracy of medical records*

Healthy Life: Pediatric Care



Maternal and Child Health Journal, Lu et al. 2003

Healthy Life: Pediatric Care

Question:

Once you have identified a person with an FASD, how do you ensure comprehensive care? What are the obstacles to doing so?

Healthy Life: Pediatric Care

Role of the Pediatrician:

- ✓ Initial developmental screening
- ✓ Close monitoring
- ✓ Providing patient and family centered care
- ✓ Care coordination within the medical home with needed providers, such as....
 - Mental health
 - Education
 - Social services

Healthy Life: Pediatric Care

Role of the Pediatrician:

- ✓ Referral for diagnosis, specialty assessments (e.g., mental health, occupational therapy, family counseling, etc.)
- ✓ Documentation
- ✓ Developing a care plan and coordination for children with FASD and their families
- ✓ Providing, and helping digest, scientific and other reference materials



Healthy Life: Pediatric Care

Care Coordination Policy Statement 2014

**“Patient and Family Centered Care
Coordination: A Framework for
Integrating Care for Children Across
Multiple Systems”
- *Pediatrics*, April 2014**

Healthy Life: Pediatric Care

Care Planning:

- Identify who would benefit from a care plan
- Value of care plan
- Assess youth and family
- Set goals
- Link partners (community and specialists)

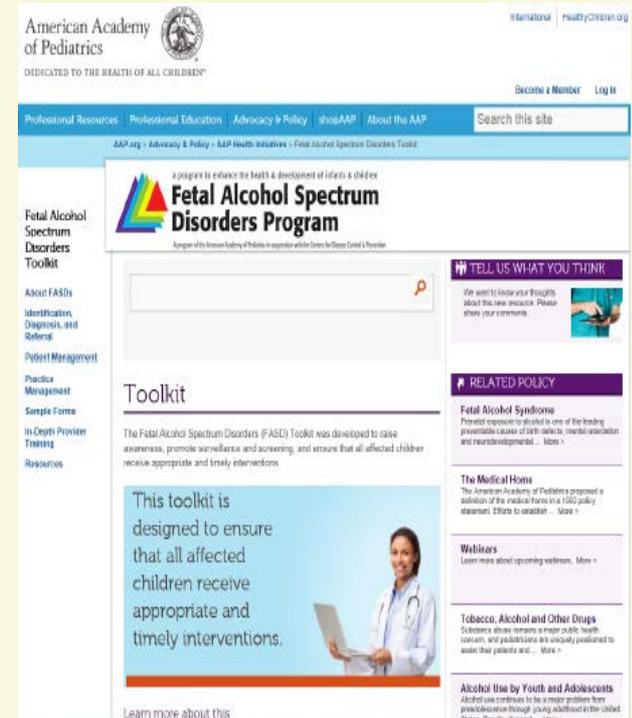
Healthy Life: Pediatric Care

Care Planning:

- Develop and establish the plan and include goals
- Ensure plan of care is accessible, retrievable, and available
- Tracking, monitoring, and oversight of the plan of care
- Use plan of care as life course and population health approach

Healthy Life: Pediatric Care

- **FASD Toolkit:** intended to raise awareness, promote surveillance and screening, and ensure that all children receive appropriate and timely intervention
- Available at: www.aap.org/fasd
- Risk communication video for families: www.healthychildren.org/fasdrisk



The screenshot displays the American Academy of Pediatrics (AAP) website. At the top, the AAP logo and tagline "DEDICATED TO THE HEALTH OF ALL CHILDREN" are visible. The navigation bar includes links for "Professional Resources", "Professional Education", "Advocacy & Policy", "Shop AAP", and "About the AAP". A search bar is located on the right. The main content area features the "Fetal Alcohol Spectrum Disorders Program" header, which includes a colorful logo and the text "A program to enhance the health & development of infants & children". Below this, a "Toolkit" section is highlighted, stating: "The Fetal Alcohol Spectrum Disorders (FASD) Toolkit was developed to raise awareness, promote surveillance and screening, and ensure that all affected children receive appropriate and timely interventions." A large image shows a female doctor in a white coat holding a laptop. To the right of the main content, there are several sidebar sections: "TELL US WHAT YOU THINK" with a comment form, "RELATED POLICY" with links to "Fetal Alcohol Syndrome", "The Medical Home", "Webinars", "Tobacco, Alcohol and Other Drugs", and "Alcohol Use by Youth and Adolescents".

Part II: Healthy Life

Substance Abuse Treatment Issues



Panelist: Substance Abuse Treatment Issues

- **Lisa Ramirez, MA, LCDC**
 - ✓ Women's Substance Use Disorders Services Coordinator, Texas Dept. of State Health Services
 - ✓ Past member of the Expert Panel of the FASD Center for Excellence



Healthy Life: Substance Abuse Treatment Issues

Question:

In your treatment systems, what kind of prevalence have you observed regarding the number of adults who have an FASD? How have these individuals been identified?

Healthy Life: Substance Abuse Treatment Issues

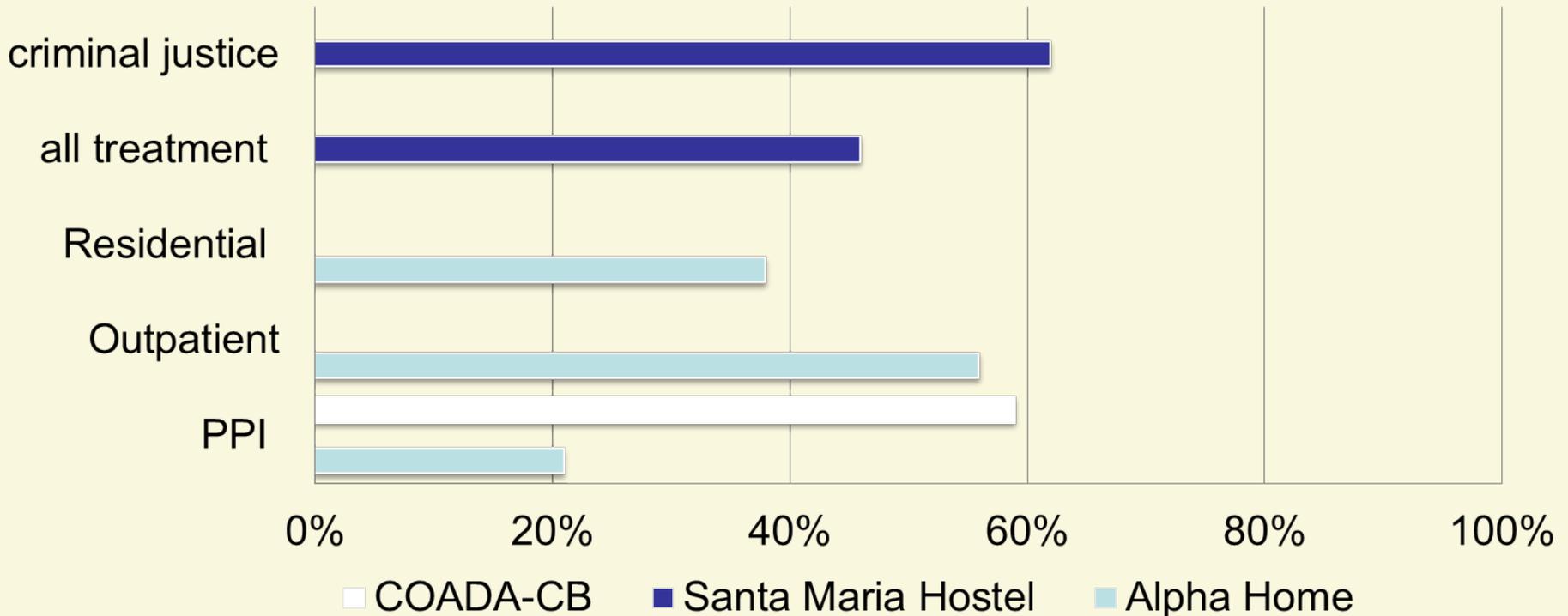
- Substance use disorder (SUD) intervention and treatment providers in Texas were trained in using the Screening and Modifications to Treatment (SMT) approach developed by Dr. Therese Grant et al. and published in the *International Journal of Alcohol and Drug Research*.
- The basis for the approach is the Life History Screen (LHS).
 - ✓ LHS developed (Dubovsky, Whitney, Grant) to help service providers and clinicians identify individuals who may have FASD or other cognitive impairments.

Healthy Life: Substance Abuse Treatment Issues

- LHS consists of 28 questions, 11 of which are in the Addiction Severity Index (ASI).
- Intended to help providers modify treatments in order to improve outcomes among individuals with an FASD, their families, and the agencies that serve them.
- 3 Pregnant and Parenting SUD intervention and treatment providers shared their screening results.

Healthy Life: Substance Abuse Treatment Issues

Percent Screening Positive



Healthy Life: Substance Abuse Treatment Issues

Question:

What have you seen as obstacles to recognizing these individuals (both in terms of the individual and systemic obstacles)?

Healthy Life: Substance Abuse Treatment Issues

- When all else fails, there is a tendency to blame the patient if treatment does not succeed.
- Instead, through an FASD lens, we can examine how treatment fails the patient.
- To see through an FASD lens:
 1. Ask about maternal alcohol use and other indicators
 2. Become familiar with brain differences, including linked behaviors and common co-occurring disorders.
 3. Identify patient strengths.
 4. Identify patient needs.

Healthy Life: Substance Abuse Treatment Issues

Question:

What are some examples of how treatment for individuals identified with an FASD can be modified to appropriately address the disorder?

Healthy Life: Substance Abuse Treatment Issues

- Some providers have made large structural changes, such as creating a “quiet room” for clients to de-stress and re-center, but most changes are inexpensive and very easy to implement.

Healthy Life: Substance Abuse Treatment Issues

- **Check for understanding.**
 - ✓ Less clinical, more layman's terms
 - ✓ Checking in with the client on a more frequent basis
 - ✓ Ex. "UA at any time when requested by staff" has been changed to: "Random drug tests are done by staff to help identify problems early so we can help you achieve your goals."

Healthy Life: Substance Abuse Treatment Issues

- **Reinforce memory.**
 - ✓ Ex. Counselors are actively working with clients to program schedules and reminders into their personal smart-phones.
 - ✓ Ex. Whereas reminder calls for outpatient appointments were being done the week before in the past, reminder calls are being done first thing in the morning the same day of appointments where possible.

Healthy Life: Substance Abuse Treatment Issues

- **Model behavior.**
 - ✓ Ex. Model parenting skills.
 - ✓ Ex. Incorporate more role-play into sessions.
- **Recognize stress.**
 - ✓ Teach staff how to recognize signs that the individual is becoming stressed, including how to intervene appropriately.
- **Use positive language.**
 - ✓ Ex. The form “Absence Policy” has been changed to “Attendance Policy.”

Healthy Life: Substance Abuse Treatment Issues

Question:

You are a proponent of what you've termed 'FASD-Informed Care.' Can you describe what this looks like, ideally?

Healthy Life: Substance Abuse Treatment Issues

- **FASD-Informed Care**

- Similar to trauma-informed care
- Understands the likelihood of certain life experiences and allows for positive change to assist the client more fully
- Creates an atmosphere of individual service that carries over into other types of care provision – Good for any client

Part III:
Questions & Answers /
Final Comments



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Thank you for joining us!



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